



## Office of Secretary of the State

State of Connecticut  
P.O. Box 150470, Hartford, CT 06115-0470

*Susan Bysiewicz*  
Secretary of the State

*Lesley D. Mara*  
Deputy Secretary of the State

Dear Sir or Madam:

In response to your request, enclosed please find a copy of a Refund Claim Form. Kindly complete this form and return it with a copy of your canceled check and any supporting documentation to substantiate your claim.

Please remember that you have the option of using these funds toward another filing with this office. If you choose to use the funds in this fashion, please return a copy of the letter indicating that you have money on account with your next submission.

Procedures outlined in the Connecticut General Statutes, sec. 4-37 and by the office of the comptroller involve a lengthy refund process. Assuming your claim is valid; you can expect to receive a refund within two months from the date received by this office.

Please contact me at (860) 509-6154 if I can be of further assistance.

Sincerely

David Pritchard VIII  
Accountant

enclosure

*Secretary of the State  
30 Trinity Street  
Hartford, CT 06106*

**Refund Claim for Overpaid Fees**

Refunds will not be processed unless they comply with Connecticut General Statutes sec. 3-99a(c), which states in part that the amount must be in excess of \$5.00 and not have accrued for more than one year in order to be refunded.

Additionally, a copy of the front and back of the negotiated check will be required in order to process a refund claim along with any supporting documentation such as a rejection letter or notice of money on account.

The following information is required to accurately process a refund:

\_\_\_\_\_ am the only person or entity having a valid claim to the monies being held on account at the Office of the Secretary of the State.

I request check be made payable as follows:

\_\_\_\_\_  
[name of person or business entity]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[mailing address, include your reference # if desired]

Work Order Number #: \_\_\_\_\_ Customer ID#: \_\_\_\_\_

Processing Number #: \_\_\_\_\_ Refund Amount: \$ \_\_\_\_\_

The foregoing is made under the penalties of false statement:

Type/print name: \_\_\_\_\_ Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Below is for use by the Office of the Secretary of the State Only

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<u>Amounts</u>	<u>Orig. Dep.</u>	<u>Deposit Date</u>	<u>Approved</u>
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